

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

0095951  
AV

03-17-2003 90084 042 \*\*\*150.00

**DOCUMENT # P97000094095**

1. Entity Name  
**JA-LU DISTRIBUTING COMPANY, INC.**



Principal Place of Business  
**136 CANDACE DR  
MAITLAND FL 32751  
US**

Mailing Address  
**136 CANDACE DRIVE  
MAITLAND FL**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3501323**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELTON, WILLARD L JR.  
136 CANDACE DRIVE  
MAITLAND FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHELTON, ANNA M</b>		NAME	
STREET ADDRESS <b>136 CANDACE DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL</b>		CITY-ST-ZIP	
NAME <b>SHELTON, WILLARD L JR.</b>		NAME	
STREET ADDRESS <b>136 CANDACE DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL</b>		CITY-ST-ZIP	
NAME <b>SHELTON, HAROLD E</b>		NAME	
STREET ADDRESS <b>136 CANDACE DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL</b>		CITY-ST-ZIP	
NAME <b>SHELTON, MARCELLA</b>		NAME	
STREET ADDRESS <b>136 CANDACE DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAITLAND FL</b>		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Marcella Shelton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-03 407-339-7623

Date Daytime Phone #

CR2E034 (10/02)